



SUPPLES-UK

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Thank you for considering completing this survey.

We are a team of occupational and physiotherapy researchers, based at the University of Central Lancashire (UCLan) and we want to describe current UK physio and occupational therapy practice in stroke rehabilitation. By completing this survey, your answers will provide vital information so that we can understand which treatments are being used, how treatments are used and identify factors that influence therapy practice in 2018. This information sheet will tell you more (click here: [information sheet](#))

Before you start: The survey may take around **15** minutes. Although some questions may seem long, please provide as much detail as you can so we can produce a really accurate picture of UK therapy practice.

Completing the survey: Please answer as many questions as you can. You must complete the survey in one sitting as it will not save partly completed questions.

Unsure of how to answer? We know that treatments are personalised to each patient but please answer questions based on your '**average**' practice. Some questions are also more complicated than others. Those that are have guidance to help you answer. To see this please click the 'more info' button beneath the question.

Your privacy: None of your personal details are known to the research team. This survey

will not ask you to share any information that could be used to identify you and all your answers are completely anonymous. All data from this study will be stored securely on password protected PCs/networks. This study has been approved by UCLan's Science Technology Health and Medicine Ethics Committee. You do not need to complete a consent form to participate. By completing and submitting the survey, you are giving consent for us to use your answers for this study.

Want to know more? Please read this [information sheet](#). If you still have any queries, please contact the team (supplesuk@uclan.ac.uk).

Please share! We want as many physio and occupational therapists who work with people after stroke in the UK to complete the survey - please feel free to share the survey link with them.

Section 1 - About you

Are you a Physio or Occupational Therapist working in the UK? * *Required*

- ☐ Physiotherapist
- ☐ Occupational Therapist
- ☐ Not a physio or occupational therapist OR not working in the UK

How many years have you been qualified?

What is your highest academic qualification?

- ☐ PhD
- ☐ MSc, MA or MEd

- ☐ BSc
- ☐ Diploma
- ☐ Other

If you selected Other, please specify:

How many years have you worked with people who have had a stroke?

Do you currently work clinically with stroke survivors with upper limb deficits at any stage of their rehabilitation? * *Required*

- ☐ Yes
- ☐ No

Where are you currently employed? *Optional*

[+ More info](#)

☐ NHS

☐ Private sector

☐ Voluntary/Third sector

☐ Higher Education

☐ Other

If you selected Other, please specify:

Please tell us the first part of the postcode for your primary place of work in the UK (e.g. PR1)

In which setting/s do you usually work? Please provide an approximate percentage of the time you spend in each setting (e.g. 40% Acute Stroke Unit, 60% Neuro-outpatients).

[+ More info](#)

| | Percentage of time spent in this area |
|------------------------------|---------------------------------------|
| Hyperacute/Acute Stroke Unit | |
| General rehabilitation Ward | |
| Intermediate Care | |
| Early supported discharge | |

| | |
|-------------------|----------------------|
| General Community | <input type="text"/> |
| Neuro-outpatients | <input type="text"/> |
| Other | <input type="text"/> |

On average, what percentage of your **clinical** time is spent working with people who have had a stroke?

We are interested in the time you estimate you spend directly engaged in treating people who have had a stroke. Please try to give an accurate and honest approximation.

Within a single treatment session **on average** how many *minutes* would you typically spend **directly undertaking upper limb treatment** with a person who has **any severity** of upper limb deficits after stroke that is linked to agreed goals (i.e. “time on task” so not including paperwork, MDT meetings, transporting patient to gym etc.)?

 [More info](#)

Please use this space to tell us anything you feel is relevant to this question.

Section 2 - Delivery of rehabilitation for the upper limb after stroke

We appreciate that the treatment approach used with every patient will differ according to his or her needs and goals after a stroke. However, in this section we are interested in your “**broad approach**” to treatment. Therefore, we would like you to tell us about your **usual practice** when working with a person with upper limb deficits after stroke.

On average, how many days a week does a **typical** person who has had a stroke receive **therapy for their upper limb** delivered by an **occupational therapist**?

If you selected Other, please specify:

On average, how many days a week does a **typical** person who has had a stroke receive **therapy for their upper limb** delivered by a **physiotherapist**?

If you selected Other, please specify:

Section 2 - Delivery of rehabilitation for the upper limb after stroke

After stroke, people will have very varied abilities with their upper limb. For the purposes of this survey, we have divided people into three groups based upon their motor arm function. These are **MILD, MODERATE AND SEVERE** (based upon the NIHSS categories - motor arm).

Please estimate what **percentage** of the people that you see after stroke have arm deficits that would be considered to be:

| | % |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| MILD: someone who is able to move the arm and maintain an arm position against gravity for 10 seconds without physical support | <div></div> |
| MODERATE: someone who has some movement of the arm but cannot maintain an arm position against gravity for 10 seconds without physical support | <div></div> |
| SEVERE: someone who has no movement of the arm against gravity OR who can only perform some small movements (e.g. shrugging shoulders) | <div></div> |

Within a **typical** treatment session, what **percentage of the entire treatment session** would you spend on treatments for the upper limb for each of these presentations?

 More info

| | % |
|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| MILD: someone who is able to move the arm and maintain an arm position against gravity for 10 seconds without physical support | <div></div> |
| MODERATE: someone who has some movement of the arm but cannot maintain an arm position against gravity for 10 seconds without physical support | <div></div> |
| SEVERE: someone who has no movement of the arm against gravity OR who can only perform some small movements (e.g. shrugging shoulders) | <div></div> |

Outcome Tools

Please list any of the outcome tools or measurements you would commonly use to indicate upper limb ability after stroke.

Key factors affecting upper limb treatment time

We are interested in the factors that **you think typically affect** the direct treatment time of the upper limb. Please tell us how much the following factors influence the time **you spend** undertaking **direct** treatment of the upper limb of a person with arm deficits after stroke.

Please don't select more than 1 answer(s) per row.

| | A lot | A little | Not at all |
|----------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Requirements of external audit (e.g. SSNAP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evidence informing treatment dose | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient factors (e.g. availability and condition) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staffing levels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Designated time for therapy (e.g. using timetabling) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Time spent in information exchange (handovers, ward round) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Competing priorities (e.g. walking/mobility practice) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other non-patient contact activities (e.g. organising /ordering equipment) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please use this space to tell us anything else you feel is relevant to this question. For instance, please tell us if some of these factors have a negative effect (e.g. meaning you spend less time than you would like on upper limb rehabilitation) and/or if other factors that influence the time you spend on upper limb treatments for people after stroke.

Does a person who has upper limb deficits after having a stroke receive any other treatment for their upper limb **in addition** to that received during physiotherapy or occupational therapy?

- ☐ Yes
- ☐ No

If yes, please tell us who provides this and how often it occurs (e.g. once a week, everyday, three times a day everyday). If you do not know how often it occurs please still tell us about who is involved.

[+ More info](#)

Section 3 - Treatments for the upper limb

In this section, we are interested in the interventions you would use for people who have had a stroke who have mild, moderate and severe arm deficits.

MILD DEFICITS: Please list the treatment interventions you use most often for a person who has had a stroke and is **able to move their arm and maintain an arm position against gravity for 10 seconds without physical support**.

Do you routinely ask a people who have MILD arm deficits to undertake activities for their upper limb in addition to therapist led treatment?

- ☐ Yes
- ☐ No

If Yes, please tell us what these activities might comprise. If No, please use this space to tell us anything you feel is relevant.

MODERATE DEFICITS: Please list the treatment interventions you use most often for a person who has had a stroke and who has **some movement of the arm but cannot maintain an arm position against gravity for 10 seconds without physical support**.

Do you routinely ask a people who have MODERATE arm deficits to undertake activities for their upper limb in addition to therapist led treatment?

- ☐ Yes
- ☐ No

If Yes, please tell us what these activities might comprise. If No, please use this space to tell us anything you feel is relevant.

SEVERE DEFICITS: Please list the treatment interventions that you use most often for someone after a stroke who has **no movement of the arm against gravity OR who can only perform some small movements (e.g. shrugging shoulders)**

Do you routinely ask people with **SEVERE** arm deficits to undertake unsupervised activities for their upper limb in addition to therapist led treatment?

- ☐ Yes
- ☐ No

If Yes, please tell us what these activities might comprise. If No, please use this space to tell us anything you feel is relevant.

Please use this space below to provide us with any extra information that you think we may find useful. For instance, you may want to tell us about why you use the treatments you use, or why you have chosen not to use some treatments.

Section 4 - Specific Treatments

We are interested in if and how you use **ten** specific treatments. Please indicate how frequently you utilise the following interventions when working with people after stroke with **any severity** of upper limb deficits. If you answer '**never**' to indicate you don't use a treatment you will be re-directed to a question to tell us why.

Section 4 - Specific Treatments

1. How often do you use constraint induced movement therapy (CIMT) of the arm for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

2. How often do you use electrical stimulation for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

3. How often do you use facilitation/handling (e.g. based on the Bobath concept) of the arm for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

4. How often do you use functional activity practice for the arm for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

5. How often do you use the Graded Repetitive Arm Supplementary Programme (GRASP) for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

6. How often do you use mental practice/mental imagery for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

7. How often do you use mirror therapy for the arm for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

8. How often do you use robot assisted therapy/robotics for the arm for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

9. How often do you use strength training for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

10. How often do you use video gaming or virtual reality training for someone with arm deficits after stroke?

Rationale for not using a treatment

If you never use this treatment, please indicate why from the reasons below.

- ☐ I do not have access to this treatment
- ☐ I have not been trained in this treatment
- ☐ I think there is insufficient evidence for this treatment
- ☐ Other

If you selected Other, please specify:

Section 4 - Specific Treatments

Please use this space to tell us about any other treatments that you use and how often you use them.

Additional information about your practice

Please use this space to tell anything else you think is relevant.

Thank you for completing this survey!

We really appreciate the time you have taken to help us understand current therapy practice for the upper limb in the UK.

We are interested in undertaking further research into rehabilitation for the upper limb after stroke and current therapy practice.

If you would like to be kept informed and potentially participate in this work, please email us at supplesuk@uclan.ac.uk.

By emailing us you are consenting to be contacted about future work but are not obliged to take part in any other research we contact you about.

Please note that this email is separate to the survey so your survey responses will remain completely anonymous.

Key for selection options

11 - On average, how many days a week does a typical person who has had a stroke receive therapy for their upper limb delivered by an occupational therapist?

- 1
- 2
- 3
- 4
- 5
- 6

7
Other
Not known

23 - 1. How often do you use constraint induced movement therapy (CIMT) of the arm for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

26 - 2. How often do you use electrical stimulation for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

29 - 3. How often do you use facilitation/handling (e.g. based on the Bobath concept) of the arm for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

32 - 4. How often do you use functional activity practice for the arm for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

35 - 5. How often do you use the Graded Repetitive Arm Supplementary Programme (GRASP) for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

38 - 6. How often do you use mental practice/mental imagery for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

41 - 7. How often do you use mirror therapy for the arm for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

44 - 8. How often do you use robot assisted therapy/robotics for the arm for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

47 - 9. How often do you use strength training for someone with arm deficits after stroke?

Always
Often
Sometimes
Rarely
Never

50 - 10. How often do you use video gaming or virtual reality training for someone with arm deficits after stroke?

Always

Often

Sometimes

Rarely

Never
